

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Paboojian et al.	Group No: 3734					
Application No: 09/731,318	Examiner: Mendoza, Michael G.					
Confirmation No: 1028	Attorney Docket No: 53246-US-CNT[2] (NV.0050.01)					
Filed: December 6, 2000						
Title: RECEPTACLES TO FACILITATE THE EXTRACTION OF POWDERS	October 22, 2010 San Francisco, California 94107					
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time					
Via EFS	<input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136					
<input checked="" type="checkbox"/> Response to Final Office Action <input checked="" type="checkbox"/> Request for Continued Examination (R.C.E.) <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee				
		Large Entity	Small Entity			
	<input checked="" type="checkbox"/> One Month	\$130.00	\$65.00			
	<input type="checkbox"/> Two Months	\$490.00	\$245.00			
	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00			
Total \$130.00						
<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.						
Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	18	34	0	\$52.00	\$26.00	\$0.00
Independent Claims	3	3	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
					Total	\$0.00
Fee Payment			Fee Deficiency			
Extension Fee	\$130.00		<input checked="" type="checkbox"/> If any additional extension fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims or any other fee is required, please charge Deposit Account No. <u>10-0258</u> .			
R.C.E.	\$810.00					
Total	\$940.00					
<input type="checkbox"/> Attached is check no. _____ in the sum of <u>\$0.00</u> . <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$940.00</u> .						
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571) 263-8300, or electronically submitted via EFS on the date shown below:  By: <u>Melanie Hitchcock</u> Date: October 22, 2010 Melanie Hitchcock						
Please direct telephone calls to: Guy V. Tucker at (415) 538-1555. Please continue to send correspondence to: NOVARTIS AG Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080						
Respectfully Submitted,  By: <u>Guy V. Tucker</u> Date: October 22, 2010 Guy V. Tucker Registration No. 45,302						